



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0133	1	Fort Benton Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 399	
Printed Name of Authorized Official	City	Zip Code
	Fort Benton	59442
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0134	1	Fort Benton H S	08	HS

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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	PO Box 399	
Printed Name of Authorized Official	City	Zip Code
	Fort Benton	59442
Title	Date	

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0135	7	Loma Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		Box 185	
Printed Name of Authorized Official		City	Zip Code
		Loma	59460
Title		Date	

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School Accounting and Budgeting
Office of Public Instruction
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Helena, MT 59620-2501

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Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0137	11	Big Sandy Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 570	
Printed Name of Authorized Official		City	Zip Code
		Big Sandy	59520
Title		Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0138	2	Big Sandy H S	08	HS

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 570	
Printed Name of Authorized Official	City	Zip Code
	Big Sandy	59520
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0144	26	Warrick Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		29200 Warrick Rd	
Printed Name of Authorized Official		City	Zip Code
		Big Sandy	595209503
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0145	28	Highwood Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	160 West Street South	
Printed Name of Authorized Official	City	Zip Code
	Highwood	59450
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2006	Date Approved
	Signature



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Linda McCulloch,
Superintendent
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0146	4	Highwood H S	08	HS

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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	160 West Street South	
Printed Name of Authorized Official	City	Zip Code
	Highwood	59450
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0153	44	Geraldine Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 347	
Printed Name of Authorized Official	City	Zip Code
	Geraldine	59446
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0154	3	Geraldine H S	08	HS

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 347	
Printed Name of Authorized Official		City	Zip Code
		Geraldine	59446
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0159	56	Carter Elem	08	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 159	
Printed Name of Authorized Official	City	Zip Code
	Carter	59420
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0161	59	Knees Elem	08	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 424	
Printed Name of Authorized Official	City	Zip Code
	Brady	59416
Title	Date	

Send completed form to:
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Helena, MT 59620-2501

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	Signature



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Superintendent
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0171	99	Benton Lake Elem	08	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	17557 Bootlegger Trail	
Printed Name of Authorized Official	City	Zip Code
	Floweree	59440
Title	Date	

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Helena, MT 59620-2501

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	Signature